Global Fund Advocates Network
5th Replenishment Meeting
Amsterdam – January 26th-28th 2016

Objectives

Provide a forum for advocates to discuss strategy and plan activities for the 5th Replenishment of the Global Fund, through:

- Identifying key targets and audiences for our advocacy
- Determining civil society use and messaging of the Investment Case
- Identify information gaps and other tools needed

▲ *Download all slideshows referenced & presented at the meeting*

▲ *Download key points from the meeting*

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Tuesday 26 January

Highlights from the Global Plans

Moderated discussion aimed at answering the question: what are the top-level goals of the global plans, what is the impact of the Global Fund replenishment in achieving these goals and strategies in them.

Aaron Oxley, RESULTs UK, Global TB Plan (slideshow)

- TB is not seeing positive progress like other two diseases. There's a large diagnostic gap (for various reasons) that's finding more actively infected people than previously thought.
- It's spread everywhere, but particularly amongst certain populations (prison populations, migrant communities, etc.)
- At current rate, we'd take 170 years to reach SDG goals.
- There are some important drugs in the R&D pipeline and we need investment.
- TB advocates say 80% of TB funding is domestic – but this is skewed by Russia. In LICs, it's the Global Fund that primarily funds programs – 75% of international TB funding goes through the Global Fund. There's a lack of bilateral donor expertise on TB, so if we can't get the GF funded, it will be difficult to find it elsewhere.
- Even with Global Fund money at current funding/goal, there's a 20% gap for GF-eligible countries.

Veronique Collard, UNAIDS Strategy (see slideshow)

- Strategy makes key case for importance of next 5 years – critical to reach goals of end of AIDS in 2030
- UNAIDS strategy goes beyond just 90-90-90 treatment goals – also includes specific population targets
- Need $30bn in financing by 2030, including external and domestic. Ex. MICs should fund 95% of domestic response, 20% for LICs; $12bn in external assistance up from $8bn

Annemarie Meyer, Malaria No More UK (see slideshow)

- Has a technical strategy and accompanying action strategy.
- The Lancet showed recently that cases will go up 11% and other indicators will increase if current funding is maintained.
- If you don't replace nets within one season, you will quickly see resurgence of malaria – vigilance needs to be continuous.
- 2016-2030 strategy
    - Pillar 1. Ensure universal access to malaria prevention, diagnosis and treatment.
    - Pillar 2. Accelerate efforts towards elimination and attainment of malaria-free status.
    - Pillar 3. Transform malaria surveillance into a core intervention
- At $3.2bn/year by all sources, but need to increase to $8bn.
- For countries in the control phase, 66% of resources come from external funding and half of this is from the Global Fund; in countries in the elimination stage, domestic resourcing covers 93% and 7% is external (as they are usually higher income).

General discussion

- What role could the Global Fund play in covering these gaps? The GF investment case lays out an argument well for more money with their $100m = X and X examples.
- $13bn is just going to keep us afloat – we need new money, leverage domestic financing, make sure funding goes above numbers in current bilateral funding
- "Global health security", connected to fears of Ebola and resistance, was very persuasive to UK government in their announcement to maintain their malaria funding.
- We need to be ambitious in asks, but also need to pressure disease-control managers in countries to be ambitious in their plans over the next few years. This helps with resource mobilization – need to create demand.

- Need to also go after new technology, know in which communities to have the biggest impact.
- For TB, there's new political will – UNION conference signed Barcelona Declaration to work to end TB and use parliamentary powers to do so. Now 1000 parliamentarians from over 100 countries have signed this. There will be 10 new parliamentary caucuses created to work towards engagement in ending TB.

The Global Fund Investment Case/Christoph Q&A

Christoph Benn, Director of External Affairs at the Global Fund presents highlights and top-line messages from the Investment Case replenishment target and its December launch in Tokyo at the Preparatory Meeting and provides an update on plans for Replenishment. *(see slideshow)*

- Preparatory meeting in Japan – first replenishment meeting in Asia-Pacific (usually in North America and Europe) and had best turnout in terms of delegations.
- Davos WEF – had large (RED) anniversary and added 3 large companies to the other 60 private companies who have donated via (RED).
- Global health is not high on the agenda for many political leaders right now.
- This replenishment will be very challenging but others have been challenging as well. Like the Zika virus, this has potential to distract – but for many other replenishments there have been similar virus outbreaks (SARs, swine flu, Ebola).
- Believes there's more potential for increase than decrease amongst top 15 donors, particularly amongst 5 countries within G7.
- What's important to decision-makers is to personalize this disease and incidence data. Also need to connect to other issues – health systems, universal health coverage, women and girls, etc. You need to get the attention of politicians via these issues. There are specific short publications to support the promotion of these different types of issues for Global Fund financing.
- "Resilient and Sustainable Systems for Health" – now not using 'health systems strengthening' because this work is not about an abstract system, it's about people, want to achieve systems for health.

- One key message over the next months is why it is so urgent to invest now over the next 5 years and why the GF is key to this. Targets set in the global plans are key to demonstrating this.
- Now the GF also has a 'stick' to ask countries to increase domestic financing – they're aiming for an increase of domestic funding of 17% per year over the next few years.
- Current target of $13bn is actually ambitious in terms of current exchange rates because overall it's actually aiming for a 20% increase by donors.
- The role of the Global Fund is to be catalytic – it's the leveraging role the GF can play because without it a lot of domestic funding cannot be reached. This relates only to government expenditure for health (not out-of-pocket individual financing).
- ROI is very good via the Global Fund.
- Many donors ask about future investments – Will it increase indefinitely? When can the curve be bent?
- Global plans have milestones – 2020 is a key date and so this is why the GF has jumped on this in their investment case.
- The GF's modelling focuses on optimizing investments, focusing on high-impact areas and populations (ie. not looking just to have coverage, but reaching out to high-transmission areas).
- Currently restructuring grants in the Middle East to serve migrant populations better – looking at being more 'people-centred' – will talk about this at the World Humanitarian Summit in May in Istanbul.

General discussion

- Domestic resource goal was created from what the GF has measured over the last 2 years (assumed growth of 17% per annum of domestic resources invested in health): what governments have committed to put in as an increase ($5.9bn/year currently), look at economic growth indicators and trends in spending for health.
- Want some heads of state from Africa and Asia-Pacific to be at replenishment meeting to promote domestic financing. There are examples of countries making bigger commitments. Quality of domestic financing varies,

but GF has limited capacity to check this, so this is where civil society's role comes in and the GF can help facilitate this relationship.

- What's the message in the decreased replenishment ask? Internally it looks like more – the $12bn for 2014-2016 now is actually less because the GF has been receiving less actual USD than pledged because many currencies have decreased against the dollar.
- What kind of messaging can the GF support for domestic resource advocates? Collaboration between GFAN and GF Secretariat assists through calls, materials and meetings. Has started to work with Zambia to be champions and for a contribution and works with the African civil society platform for capacity building. Will also be offering ongoing support through communications.
- If what you ask is what you get in politics, how can we talk about $13bn as a floor and then ask for a larger target from donors credibly?
- UHC/health systems is important to several countries – how to quantify contribution of GF towards these two: GF has the focus papers and a longer version on health systems that are available.

A GFAN/CS perspective on the Investment Case

Session outcome: identify what are the most effective arguments to adopt out of the Investment Case and where they are best used (geographically or event or theme specific) as well as the additional key messages civil society wants to bring to the case for investing in the Global Fund.

Peter van Rooijen, ICSS (see slideshow)

- Want to focus in our GFAN Cost of Inaction report: why maintenance is not an option, why investing now is needed.
- The Global Fund helps bring together the global plans; we need to understand full global need without complicating our messaging.
- The FOREX 'value' problem of the contributions actually worked to encourage the European Commission to think about increasing its investment for this replenishment, so it's something to consider using in our arguments.
- Would be helpful to have better UQD for on-going resource mobilization.

- We need to be smarter at building different messages.

Joanne Carter, RESULTS USA

- For the US, the impact to date information is very helpful and further increasing impact (be careful not to undermine US or global HIV strategy, ie. rationing of resources) - where are the gaps (populations)?
- This case show us the impact of strategic investing. It speaks to the cost of inaction – there's not even a maintenance scenario as it will create a rebound. There's no option to wait – the window is short for malaria and MDR-TB. Malaria investments are built on Global Fund success.
- We should capture data better showing how increased investment creates greater returns.
- The domestic investment assumptions are aggressive, but we can't reach them without the leverage of the Global Fund – we'd lose the opportunity. Also, it's articulating assumptions on maintenance of other external funders – we'll need to keep everyone accountable to reach goals.
- The US administration is very focused on domestic investments – want other countries to step up to the plate.

Mike Podmore, STOPAIDS

- There are some good signs – US increase, UK strong, Italy back in picture and maybe Spain, Germany is stable, France is rocky but maintaining. Nordics are reducing. But there's always been worries on waves of donors pulling back, so perhaps it's not too bleak.
- Positives from investment case:
    - $13bn is realistic and can sell it and it will be possible to reach to leverage higher donor amounts
    - Use of 'maintenance levels' has a lack of clarity – need the levels financially as $13bn is an 'increase'.
    - Makes good point on staying on right side of the tipping point – but where exactly is this?

- Graphs are very useful for 2020 goals, but bigger picture on epidemics funding need the messaging to be about total need. Where does the $13bn take us with regards to the 2020 targets?
- Good content on domestic resources and this plays well with donors.
- Role of GF holding countries to account and assisting civil society are positives roles to emphasize.
- Good messaging on UHC, health systems, gender.
- Donors like UK who need a percentage cap makes the $13bn goal problematic as advocates now need to ask for increased percentage cap.
- Need messaging on how the GF assists in SDGs beyond global health.
- How GF makes and builds partnerships with other institutions – how can we talk to governments on what the GF is doing with this?
- STOPAIDS has financial messaging (ask of government and why to increase), political messaging (why the GF is important and delivers UK priorities, ie leaving no one behind, fragile states, gender, value for money…) and global context beyond UK (demonstrate other donors are increasing their contributions). Also will use innovative financing to show that there are other supporting means.

Christoph Benn

- The assumption that if some donors increase, then others will is problematic. The more donors introduce caps the more they paralyze each other. Caps introduced by one donor do not necessarily have a leveraging effect on others if their priorities are different.
- Most donors say they love the Global Fund and you could offer great evidence on evaluations, focusing on what's important to them, etc., but these countries can still say they want to cut because they switch their funding priorities.
- UQD didn't work as the registry was difficult to use, but the real reason was the exchange rate – this was actually very critical. The UQD was meant to demonstrate need, assuming value of contributions would keep stable – whatever was new to come in would go into these additional programs. In

order to meet allocation promises, they needed to mobilize resources to meet these first.

- Domestic funding – focused on spending for health, but we expect them to demonstrate in their budget a dedication to AIDS, TB and malaria.

General discussion

- Where is the GBP3bn UK & Gates malaria announcement going to?
    - This is a positive continuation of on-going malaria funding (GBP500,000/year) that includes multilateral and bilateral funding, with the multilateral portion largely going to the Global Fund.
    - Has increased bilateral spending to hide decline in the past, but CSOs be fighting against this in the future.
- France has cut its contribution but it says that it has 'maintained'. Battle will be in media to debunk this statement. Would need efforts from the GF to support media. Would this also be helpful for Nordics where cuts are happening?
- What's distracting that investment case doesn't acknowledge any heros.
- The amount of external funding is flatlining and the big uplift is from domestic leadership and ownership. Expression of demand campaign is important to follow up with. Also, this will show that the GF is not a 'forever' investment.
- On public messaging, there's been research on approaches to AIDS spending (a narrative project) – how to take someone to a 'yes' for support from 'I'm not sure'. What works is focusing on all around partnership and responsibility to change peoples' minds about financing.
- New scenario of donors making unjustified decisions without outcry from the Global Fund – we need to increase our political game and fight framing. We should shame countries when they make bad decisions.
- Domestic resource case studies would be very useful. APCASO has case study on Vietnam on its amendment to health insurance law so that it could pay for ARVs.
- "Leave no one behind' is resonating well with governments as this refers to key populations of SDG for UHC. Global Fund has impact on entire life of key populations – justice, poverty, equality, etc. It's a 360 support of these

populations that were never supported before. This is a compelling highlight to those that support SDG of UHC and leave no one behind.

- Could use 42% ratio of domestic resource financing of total $97bn need to try to get countries up to a standard.
- How to get governments to say they'll increase domestic financing and maintain international solidarity?

Day One Recap

- We have varying perspectives, but replenishments have often – if not always – taken place within a challenging context; but for the 5th replenishment the challenges are different or unique and so need some creative activism and advocacy in the coming months.
- On the global plans we heard overviews that showed the potential – if fully funded. They provide essential context for the replenishment but also for the full effort needed to fight the 3 diseases.
- On the Investment Case we discussed what it is and what it is not, and where there is a gap why and whether it matters: i.e. is it about discussing and/or disagreeing about the "ask" or is it about a distinct role for civil society around the ask to ask for funding that reflects the full need for the 3 diseases and not "just" 80% of the 3 diseases in GF eligible countries. The Investment Case has given us this great tool of what can be done with each additional 100 million – using this effectively and strategically will be important.
- Teasing out more on some of these gaps and prioritizing can help us answer questions and devise plans around critical issues such as:
    1. Fuller expression of demand and need to articulate why 80% of funding may not get us where we want to be on the diseases and where the global plans show us we can be – this is further complicated by concerns that in addition to increasing domestic resources, we want to advocate to ensure that these domestic increases are going where they will have the most impact and will be "optimized".
    2. Looking at political will: it is no longer simply that donors need to be "convinced" about the GF model or that they need "proof" it is an open, transparent, accountable organization but they do need something that will convince them that the time is now – that as we invest more, ROIs go

up, if we maintain it actually ends up costing us more and if we decrease we will lose gains – in malaria in as little as 1 cycle.

3. Creating the understanding that in the Investment Case, projections are actually that we are stagnating/maintaining donor levels of funding but domestic resource mobilization must go up and fill the gap – how do we message this to donors to try and achieve a full + replenishment of more than 13 billion - around the ask, we need to have an understanding between Secretariat and civil society that we may have different roles to play here but even amongst CS in different countries (in some places the 13 billion ask plays well as realistic, achievable etc. In other places it hasn't been seen as necessary and therefore feels limiting in a way
4. FOREX issues have played a huge role in resources available during this latest allocation period – are there donors to which this kind of technical argument might augment the political will to "give more" – even though it may still mean they come up with "the same" – FOREX also adds a complexity on reporting how much money is raised at the pledging conference b/c this is done in USD.

Wednesday 27 January

Country level asks & strategies

Discussion focusing on ask and strategies in donor countries – these are donors who are strategically important either as actual donors, as bellwethers influencing other countries or as potential hosts of the pledging conference.

The purpose of these conversations is to:

1. Review CS general intelligence, strategy and ask in these countries
2. Review GFS general intelligence, strategy and ask in these countries
3. Identify particular issues that require more attention during this meeting.
4. Identify strategies as GFAN (at large) for supporting advocates through bilateral and multilateral support (government and non-governmental strategies)

Italy (Stefania Burbo, Osservatorio AIDS, and Francesca Belli, ACTION) (see slideshow)

- Looking to double the contribution, which comparing to what they gave previously is not a high ask.
- Since 2009 there has been new political will – the new government is vocal on cooperation. The new law is a new commitment dedicated to a holistic approach to cooperation. But their main champion, Vice-Minister, has left.
- With the replenishment and G7, Italy civil society should work with Japan (2016 G7) and Canadian (potential host and 2018 G7) civil society to work on advocacy.
- In February, there's an important advocacy communications activity – NGOs are going to Ethiopia with 3 MPs and journalists and will be showing GF-supported activities. In spring they'll organize an event at Parliament to discuss what they saw in Ethiopia – would be an occasion to launch a policy paper they are writing right now. It will describe activities of NGOs in the field that are linked directly or indirectly to the GF.
- Global health agenda in Italy – important for CSOs to push forward a debate on bilateral and multilateral aid and how GF works with implementers, CCM.
- Refugee issue of course is central at this time.
- Other influential donors for Italy: Canada is very strategic now, but the US can also influence and talk to why they give so much money to the GF.
- Ethiopia and Mozambique are priority African countries.

GF Secretariat response

- See Italy very positively and looking to promote the GF's work in Italy's countries of interest.
- GF projects increase of 50%.
- Christoph will try to attend the Ethiopia trip and hope to encourage pledging at the June event.

Synergies

- GFAN Africa would like to support letter writing to Italian embassies and can support additional visits to other countries. TICAD process – see how to have discussions with Sherpas.

- There's a meeting next week of AU leaders in Addis on 90-90-90 targets and HRH barriers to reaching them. Good opportunity to ask leaders to focus on importance of the Global Fund's financing.
- Global TB caucus – good opportunity to connect with champions in key countries.

US (Joanne Carter, RESULTS USA, Deb Derrick, Friends of the Fight, and Asia Russell, HealthGAP)

- Has good bipartisan support presently. Challenge of course is 2-to-1 matching in US law. As budget has been going forward for 2017, CS has been trying to keep the US numbers up to maintain a floor.
- Opportunity is to highlight any additional funds that are coming to the GF from other donors, particularly private contributions. Looking at making noise if Italy and Canada come forward.
- Bill Gates has been making noise around GF recently as well.
- World Bank meetings in April, attempting to create events before replenishment. US administration has been supportive – now Obama talking about malaria, Biden getting involved – and want to see other countries buying in and want to mobilize other countries.
- Threat in US is that money could be left on the table – more money can be there, but not getting enough money from other countries. Need to frame asks to USG so that they're not asking for $4bn but are leaving room for $4.5bn (GF current ask +).
- Presidential election upcoming, but there are supporters on both sides of GF and global AIDS programs.
- How to work with GF-supported countries so that they can see more money would be good – treatment for all, meeting WHO guidelines.
- Helpful to generate letter of support applauding administration and Obama for forward-leading work.
- There are discussions underway to rewrite law around US pledge – may peg to replenishment cycle and with some flexibility around foreign exchange issues.

GF Secretariat response

- Strong commitment in US, so need commitment from rest of world to support this.
- Would like to know which donor countries would like to have US engagement. Civil society should let the GF secretariat know if it will be helpful and at what level.
- The US can offer 'up to' $5bn.

Synergies

- RESULTS has action fellows and have gotten commitments from major Republicans to support Global Fund and funding the fight.
- At RESULTS, best way to generate media around replenishment is through working with advocates from implementing countries and deploying them around US for talks, meetings, etc.

Canada (Lauren Dobson-Hughes, RESULTS Canada)

- New PM elected in October after 10 years of conservative government. They're very intent on bringing Canada back into multilateral organizations and the world seen.
- Maternal, newborn & child health was key to last government, but new government will be focused on equity and 'hardest to reach' and maximizing seats on multilateral boards. Talking about UHC again and evidence-based policies around risk reduction and SRHR, gender equality and mainstreaming. Focus on adolescent girls and interested in innovative financing.
- Problem of deficit because of poor Canadian dollar and decreased oil prices. Severe budget constraints. Also possible ODA may be used towards refugees and big pledge to climate.
- ODA at 0.24% but Trudeau aspires to 0.7%.
- Support can't be taken for granted from Canada – there are a lot of asks. Even if Canada's pledge is 'maintained' it now equals much less in US dollars. Perhaps Canada can backload contribution because dollar may go up.
- Good potential with upcoming conferences to get Canada to speak and with G7 country connections. Good potential with Francophonie.

- Currently in discussions with Global Affairs, having MP briefings, reaching out to finance department because of all the pledges and health ministry on TB issues.
- Influencers: no current priority countries because of change in interests. UK, Francophonie are still important. Want Global South and BRICS donors to step up – focus on progressive taxation and domestic resource mobilization.
- Ambassadorial outreach could work. Gag order has been lifted on ambassadors speaking to media.

GF Secretariat response

- Trudeau is aware of the Global Fund and he met with Dybul and other influencers in Davos. GF has provided info on exchange rate to government.
- GF looks at exchange rates of the day, but because they fluctuate they create models to make suggestions – asking Canada to look at 5-year view, not today's exchange rate. GF is losing on income, but they will gain in-country because US dollars go into local currencies. Should not take exchange rates too seriously, although it of course makes a different perception during pledging.

Synergies

- Start dialogue with Canadian embassy in Rome soon.
- Need to hear from implementing and BRICS countries, US, UK, Francophonie and maybe Germany.
- Trudeau visiting the White House in March.

Nordics (Laura Kirkegaard and Kirsten Jensen, AIDS-Fondet) (see slideshow)

- Iceland and Finland have dropped out of joint pledge.
- Large cuts happened in Denmark and will be happening in Sweden. Lots of pushback from civil society in Sweden, so potential cuts were decreased, but recently found out that there's a specific cut to the Global Fund.
- In Denmark trend in ODA is to keep it around 0.7% and not trying to be 'best in class'. Question now on is maintaining the decreased amount Denmark gave last year or ask them to return to previous levels – hard because there's no specific ODA budget line.

- In Sweden, NGOs have come together to criticize erosion of aid budget (and shift to using it for refugee costs).
- Difficult to disconnect HIV with SRHR strategies – horizontal vs vertical approaches to aid.
- Events happening soon: Women Deliver in May.
- Implementers bloc wrote letter to Denmark board member and government but there was a meagre response – it was a thank you and noting they need to prioritize. This is disappointing but the style of the new government.
- Joint pledge very unlikely with relationship between Sweden and Denmark.

GF Secretariat response

- Has good contacts with ministries, but need to step up relationships now.
- Important to identify influencers – it's difficult to approach government like Denmark so need new ways to get to decision-makers.
- Still feel hope in Sweden in getting an increase and influencing other Nordic countries.
- In Norway, one main priority is health and education, so are working on this link as well.
- Nordics have similar country interests.
- Finland & Iceland: Tried to renew relationship with Finland and they were interested in what the GF was doing, but shortly after they came through with big ODA cuts to 0.35%, so now this seems like an impossible situation. Still maintain sporadic contact and they haven't been part of the board since 2013.
- Norway & Sweden are still largest donors per capita, but this relationship has turned. Traditional advocacy doesn't seem to work because the government's opinion appeals more to public opinion. Bill Gates & Bono don't work here. Implementing country voices therefore are important here – PMs, ministers, etc. and other influencers like Kofi Annan.
- Need to make the overall health connection of GF's work.
- Need action plan with champions and influencers shortly after meeting.

Synergies

- Is there usefulness in advocates working in the UK? Would be helpful to get Conservatives to speak to conservatives.
- Norway as negotiator? Link to GAVI.
- GFAN Africa can support letter writing – overall helpful to have voices speaking about use of ODA for refugee reception costs.
- Wants GF to come up with answer and language on consequences of cuts.
- Let's look at a matrix of influencers.

Australia (Bill Bowtell, Pacific Friends) (see slideshow)

- Governments have typically changed around replenishment periods and support has swayed and development budget slashed. There was a point when wondered if the GF would be supported at all.
- New budget in May – remains to be seen if ODA will rise off low base. Probably won't be restored meaningfully, but any increase will play well for the Global Fund.
- Objective is to concentrate on both sides of parliament and the 'three diseases', not specifically the Global Fund. Focus on genuine concern of these diseases in the Asia-Pacific region, particularly malaria (had good delegation visit to Vietnam on this).
- Relationship with UK is important, as well as US administration opinion. Japan's views are important.
- Mark Dybul is visiting in a few weeks – this will inform where they think the ask should be this year. Unlikely to get an early pledge, but this is a good time to ask.
- No indication of unhappiness with the GF as there was years ago – Christoph and Mark have done good work around this.

GF Secretariat response

- Target of civil society may be more optimistic than the GF's.
- The multilateral performance assessment will be coming out and this will be positive.
- PNG, Vietnam, Myanmar key countries.
- Worried that at time of replenishment with government changes, pledge may not come at replenishment.

Synergies

- Global TB Caucus – look into.
- In Asia-Pacific could host visits of parliamentarians. Can work together with embassies in-country and highlight actions of the GF and mobilize support.
- Representation: Vietnam, Cambodia, Myanmar and Indonesia are key countries to make impact. APCASO has key partners in these countries.
- In Zambia upcoming meeting – opportunity to work with GFAN Africa and donor countries to speak to parliamentarians.

Japan (Masaki Inaba, Africa Japan Forum) (see slideshow)

- Had a successful UHC conference around replenishment launch in December.
- Would like to see increase to USD$1bn-1.5bn from $800m.
- JCIE/Friends of the GF Japan have access to inside advocacy in the government. RESULTS Japan also working with inside lobbying.
- Strategy to ensure current pledge contribution – Japan may create supplemental budget this year, so if this is launched this calendar year the problem will be solved.

GF Secretariat response

- Events around UHC were very positive. Peter Piot close to Mrs. Abe and was there as a key advocate.
- Conversion of current pledge is highest priority.
- Good opportunity with TICAD and G7. Host of TICAD is champion of Global Fund.

Synergies

- RESULTS Japan invited chairs of GAVI, GF, innovation fund to upcoming meeting.

United Kingdom (Aaron Oxley, Mike Podmore and Annemarie Meyer) (see slideshow)

- Great cross-party support for the Global Fund with very informed parliamentarians.
- UK has different caps for different organizations, so could be shifted.
- Transition policies – withdrawal from MICs, very vocal about this at GF board. Asking for shift of funding to women and girls (the UK is not convinced of the GF's influence on this issue work).
- Multilateral aid review will be published in March/April – could signal shift in funding.
- On 'why now' – good focus on malaria, but HIV has fallen off, so need buy-in to fast-track global plans.

GF Secretariat response

- Transition discussion is being pushed at board and next meeting will have key decisions made.
- Point taken on pro-active media planning needed. Doing better at promoting women and girls agenda.
- Need to drive home the 'why now' as opposed to relating to varied UK priorities.
- Government likes GF work on procurement and e-marketplace.

Synergies

- Ways to provide proactive positive media via GFAN Africa and Women Deliver conference.
- GF support of domestic resource mobilization examples stories.
- Transition issue – need policies around those at greatest risk. Good examples have been demonstrated on the SIIC to the UK delegation. Eligibility has not been put on the table, so there's more nuance to work with in these conversations.
- Any examples that the pledge is detrimental to other donors? So far only anecdotal and would like some specific examples they can share.

Germany (Peter Weissner, Action against AIDS Germany)

- Gave $210m/year and asking for $400m, but this is unrealistic. This year saw an additional $10m.

- Challenges are public opinion (perceived that Germany rescues everyone and carries costs for everything), Merkel has weak position as global health champion currently (criticism from party members led her to this), Development minister is not interested in the GF, lack of public awareness.
- Helpful to see more focus on domestic financing, particularly out of interest countries; will want GFAN Speakers Bureau rep at a Yvonne Chaka Chaka event and an event in May; Cost of Inaction paper will be helpful, need comprehensive donor mapping exercise to do comparison of Germany's support, advocacy material that is less boring.

GF Secretariat response

- Germany did increase to $665m during cycle from pledging event because parliament pushed for this. Hoping for increase to $750m, but dependent on on-going situation.
- Number of unknowns in Germany, but at least they haven't said they'll divert funding and Merkel has announced an increase to ODA to work on root causes of poverty. But if the refugee crisis goes on, Merkel might be under a lot of pressure from party. Chancellory is going to donors conference on refugees in London next week.

Netherlands (Beatrijs Stikkers, KNCV Tuberculosis Foundation, and Anne Dankert, KNCV/Aids Fonds) (see slideshow)

- Ask is EUR155-185m because in 4th Replenishment it was EUR185m, but expect EUR165m if they're lucky.
- Development policy is 'aid and trade' – focus on women and girls, health systems. Can link global health to domestic health – it's important to build broad stakeholders in GF in health. Access to medicines work is important domestically, so good connection.
- In 2018, Amsterdam hosts AIDS 2018 – good time to show leadership.
- Previously, Parliament was useful. GF gets a substantial share of funding to global health, so current perception in parliament is that it's disproportional. In general, there's skepticism about multilaterals – UNAIDS has had cuts, too, and money moved to UNHCR. Better now to work with ministry.

GF Secretariat response

- Minister is supportive, but need Parliament excited and will talk to key topics.
- Find surprising that GF scored well in aid organizational scorecard.
- International Parliamentary Union looking to organize donor country audience on meeting on donating to the GF – need help on creating key messages that are helpful.

France (Alix Zuinghedau, Coalition Plus, and Bruno Rivalan, Global Health Advocates) (see slideshow)

- Have maintained a level of disbursements, but in actuality have cut the GF proportion.
- France provides substantial technical assistance funding – risk that this 5% of aid may go up to 7% to this pot, increasing bilateral aid away from multilateral.
- GF contribution is shifting to the 'solidarity levy' instead of the budget, but this group is more politicized and the contribution could be at risk.
- There's an upcoming presidential election.
- Appetite to use replenishment as support for EU FTT. Only France has been vocal on allocation (GF included in this).
- GF contribution from France will come 100% from innovative financing starting in 2016.

GF Secretariat response

- GF is in a tricky situation because the cut is hidden. Have sent letters to them but have received ambiguous letters, so no movement on this. Need to work together – entry point is president. Confirmed that the president is fully aware of what's going on at the technical level. Want president to confirm commitment and meeting previous ones.
- Will use African champions and Canada. Have someone at the Secretariat working with French media.
- Can communicate on what's happened, but can't communicate on what will happen.

Synergies

- MSF Sweden has a country report coming out – will talk to MDG unfinished business. Could help with mobilizing France.

Spain (Vanessa Lopez, Salud por Derecho)

- Current outstanding pledge still not contributed. But new government in power offers hope. ODA is at 0.14%.
- New political parties in power mean little awareness, but opportunity to teach and influence. Ran campaign 'comprometidos' – asking politicians to publically support the GF.
- The ask is for what Spain should do – pay outstanding EUR140m and return as significant donor at EUR200m/year.
- Would be helpful to have more details from Latin America, especially the cost of inaction and domestic financing.
- International support could come from Italy (same situation).

GF Secretariat response

- Difficult situation, but on-going campaigning is very helpful.
- GF aims for EUR20m from Spain.

European Commission (Fanny Voitzwinkler, Global Health Advocates, and Arben Fetai, StopAIDS Alliance)

- Looks good here – 27% increase being worked on via GF Secretariat.
- Focusing on GF issues more broadly to engage the EC on these as they are very supportive.
- Messaging – parliamentarians have prioritized global health. Works well to frame around UHC, SDGs and health systems. Inequality and gender are top priorities for development commissioner.
- Working with EC GF board member on transition as European countries particularly affected. How can EC help to convince countries to reform health systems.

- Contribution comes from 2 pots – for one pot, African states have a say. Would be helpful to have African civil society support ahead and to thank them after pledge.

GF Secretariat response

- Complex system, but positive outcomes here. How can the EC be used as champions?

Synergies

- Can EC inspire pledges from European countries? Should work on domino effect especially with Dutch partners ahead of foreign ministers meeting in May.

"The Rest"

- Switzerland more than doubled contribution in last replenishment. Maybe UK call influenced this.

Thursday 28 January

Dialogue with Mark Dybul, ED of the Global Fund

- Looking back 15 years to what people said was impossible, we've raised billions of dollars, countries have picked up the pace, millions of lives saved.
- Human rights picture – 15 years ago meeting with civil society it was hard to find anyone from the LGBTI community, there was no discussion of gay people. Now there's 50 people in the room. But we're never as far as where we want to be. "It always seems impossible until it's done".
- We're at a moment where we can control these epidemics and flip the human rights paradigm in the world quickly and could flip very soon. We just need to keep pushing no matter how many bumps along the way.
- We want so much more, but good to remember where we were. Replenishment will not be easy. Pledge on pledge, we have some real opportunities – of course you have to correct the currency. The good part is that then the countries convert dollars to local currency to buy stuff 60% of the time so they have increased buying power. So we lose 40% in-country

when they buy out of the country supplies. If countries have grants in euros it doesn't affect them at all.

- Current cuts are done because policies on refugees are 'complicated'. There's a sense among people they talk to is that the opportunity is there.
- "End of the epidemics" cannot be the only message. HIV, TB and malaria is not where their pocket books are at. They are though excited about health systems and human rights, particularly gender and LGBTI. So in investment case it goes beyond ending epidemics and this is resonating. It's a package and we're part of a more comprehensive picture. It's a good message and the Fund has evolved.
- Next replenishment will be extremely difficult and we need adaptability around migration which we're working on in challenging operating environments. We need to adapt – what's the vision, how do we contribute while we end the epidemics? It's a good time to be involved because so much is changing and so much to influence. There's opportunity to mess it up, but we've done well over the past 15 years getting it right.
- With this group and its compassion and passion, I'm very optimistic we can get there.

Discussion

- What's the Fund's role in the refugee crisis?
    - It's about migration not just refugee crisis. Was just in Jordan at a refugee camp – GF had money for Syria to support HIV and TB. It was for Syrians, not the Syrian government – but Syrians are in Jordan and the GF can't work in Syria. Old rules would say that they couldn't go to Jordan, but now the grant will be rolled into other regional grants and provided to people in the camps. It's the same they're doing with miners in southern Africa – this program must cross borders, can't be country-based. Old rules on regional programs didn't allow adaptation through policies (not board), internal stuff. This means they could do work in Turkey if they wanted to as people are moving there.
- In replenishment, we're pushing link to SDGs but is better to go further than this – such as the role the GF has in 'no one is left behind'. The link to MICs is challenging. Will the GF fulfill the commitment to leave no one behind?

    - Can't ensure that. When you look at how much the GF pays for in domestic and international financing together, they can't ensure this, so they need to ensure that principles and practices are important. GF won't get far in the UK asking them to put more money in MICs because they won't give an increase. How to do slower, stable transitions based beyond GNI (while many other orgs can't – close to 0). GF is in many other countries than other organizations and donors don't like this. This is a tough position. Have gained ground in EC and UK to say we stay in MICs to focus on human rights issues and want KPI to reflect that. Percent of portfolio in MICs focused on key populations is 80-90%. Every donor is pushing out of MICs.
    - "Leave no one behind" is directed not at external donors but at countries themselves. Trying to engage, but we need to say we're using it better with KPs and human rights and this has been effective. Has seen some change in Eastern Europe, such as some countries funding 80-100% of their needle exchange programs, seen funding shifts to LGBTI in Latin America. SDGs are about country responsibilities.
- What about transition? What are the partnerships needed?
    - Most exciting things are that we need a 10-15 year plan that lead to methodical transition using large outright grants and country putting more money in. Need advocacy & in-country push to countries to put their money in in a slow paced way. Over time it will be smaller grants dedicated to human rights, moving to loans from development banks, until country can take on full responsibility.
    - Grant money could help buy down the loans for health – usually in-country loans are used for anything but health. Need to encourage governments to take loans for health as this money is leveraged 10-15 fold. GF will help pay interest, but not principle, so with this support, the countries could end up taking a really large loan.
    - Revenue capture is another key piece – GF has nothing to do with this. Moving along development continuum could move to grants, concessional loans, moving to mixed picture for increasing revenue.

    - GF focuses on programmatic sustainability approach – programs that work for KPs, women and girls. Transition without this isn't helpful. Trying to work with regional development banks to work with particular countries far along the continuum, then eventually look to ones further back along.
- Is convenance (*a promise that certain activities will or will not be carried out*) in the grants?
    - In domestic finance piece. Think in next period there's an opportunity for this, related to regional development banks and forcing them to do more as they don't spend anything on health either because countries don't ask for it. Functionally you would do this for buy downs. Interest rates on these loans is 3-5%. There's leverage to push this. Would like to see within the Global Fund a task team that would support transition and think through this and create relationships with institutions and have expertise on challenging operating environments.
    - Could we identify 3-5 in UMIC/LMIC to start working on this? If we can work on this and show how we're succeeding, this could be convincing to the UK. If we don't do this, in the next cycle there may not be any money for them in the next cycle.
- Equitable Access Initiative – GNI is insufficient, how can EAI influence results, allocation?
    - GF doesn't use GNI purely for eligibility because also looks at disease burden. GF's money comes from development accounts, not health. Development people tend to think about income for eligibility. GF is trying to challenge this assumption.
    - If you temper GNI with health indicators, you do see that low priority for financing for some countries goes up because of health indicators. Difficult because some do badly taking care of their people and you penalize those that have done well. Look at what they could be spending if they captured revenue – can we build incentive structures? This piece won't be as fleshed out yet.
    - EAI may not have big impact on GF because they've always tempered GNI by disease burden. If you focus on HR in MICs, they can skirt out

of allocation in good way, but other organizations will struggle. Can GF do long term engagement in country based on solid arguments from data? EAI won't change everything, but will challenge assumptions.

- High level meeting – can get GF into the outcome document and reference to it and what would be desirable?
    - Sat down with Michel Sidibe from UNAIDS about this and he's intent that the HLM be used to support replenishment. Hoping UNAIDS goals are also noted at HLM in document. Advocates more likely to know what could be in there – GF would like to connect and have a conversation on how we can do this. Owen Ryan from IAS also wants it to support replenishment.
- Approach of population and geographic focus – driving down in scaling up high impact interventions in high impact areas, we can take our eyes off the ball where there's unmet, unseen need (because of lack of data) – are we rationing? Political and technical question. Risk that if there's pull out, you miss out on opportunity for leverage amongst implementers.
    - Dybul did push concept and believed in it before others and spends a lot of time looking at this because of background and of course there's not always great data. People have pushed back, but worried about complicating factors. Reality is that two greatest drivers (especially next replenishment) are increased domestic financing and declining infection rates (treatment) – donors need to see real decline in rates, especially among girls in southern Africa, or we won't be able to raise enough money. So how to get rates down while still protecting people?
    - Big difference between care, treatment and prevention. Care/treatment needs to be distributed equally, but you can go into areas with higher rates, but try not to overdo it. Girls are not getting infected by HIV positive people in the local community, it's actually from people outside their community – so need to be smart about this.
    - In MICs, there are very highly concentrated groups, so it's easier there – moving away from geographic focus would hurt these communities.

There are great advantages to geographical focus when speaking to MICs/UMIC. Otherwise, it's a complicated issue, so you need data and you need a careful, smart approach.

  - There have been conversations on this in the Technical Review Panel (TRP) and Grant Approvals Committee and in-country. Countries want equitable distribution of money for political reasons and there have been arguments about this with implementers, so the TRP pushes hard on this to prioritize money (not 'rationing'). Geographical approach has encouraged countries to focus on key affected populations.
  - External financing will not continue if domestic financing rates don't go up and infections rates go down.

- New standard of care around access to treatment = everyone needs to be offered treatment with a differentiated care model. New paradigm = cost of doing business has gone up. Investment case frames this reality in a confusing way. Countries will roll out treatment for all in different ways, but it's not for GF to tell them not to do that.
  - Standard of care has a big part on implementation behind it. There is not enough money to test and treat in all diseases. The TRP challenges countries to prioritize to have biggest impact – MoH are saying that can't do everything and want to know how to begin and have biggest impact. Countries are pushing back very hard because they can't change policies because of lack of money. GF supporting them to make difficult decisions in HIV, TB (MDR), malaria (2nd line).
  - So they're starting in districts with highest transmissions, etc. Working with Pepfar and Gates to work on 6-8 month treatment with differentiated care as this could be a tremendous savings to more rapidly get to national test and treat; get rid of CD4 count once you start treatment as it's time consuming, takes money and creates adherence problems. PPM, national policies have to change, there are new procurement initiatives, etc. GF needs to be somewhere in between because that's where they can work best.
- Replenishment – what about non-traditional countries?

    - Many give GF money but it's very small. China is different from UAE and how you approach. US has been pushing hard on China to donate; GF was in the communique from Obama and China. China interested in unfunded quality demand, but with their economy decreasing, this is being reconsidered. Ministry of Commerce, not ministry of foreign affairs, etc. make these decisions. They won't be putting much money through international institutions, especially as they just created their own development bank.
    - GF doesn't get much money from MENA. Kuwait give $1.5m, Saudi pledge $25m last time. Now with refugee crisis, money needs to be spent in in-country. These countries aren't interested in supporting HIV and the affected populations. And their sovereign funds are not private institutions, so no earmarking can apply. The GF is working with OIC and Islamic Development Bank on MENA approach. At GAVI, MENA was pressed and they got almost nothing anyway.
- Domestic resource mobilization – how do we make sure that DRM acts as an incentive to invest in the GF instead of curtailing their donations?
    - Haven't curtailed even through DRM has gone up and this has been a good argument internally to support the GF. Countries can't justify giving GF money without seeing DRM go up. This is positive – has never heard a country say they want to decrease because of DRM increase. In parliaments, it's a good argument that DRM is increasing.
- In France, they may keep disguising their decreased contribution to the GF. When journalists in 2016 call the Secretariat to ask if French NGOs are telling the truth on this, will the GF be forward about this?
    - This is a sensitive discussion and the GF needs to work with country advocates to see what they can do this year.
- Absorption capacity – what are arguments GF putting forward and how will it be solved?
    - Behind in about 20 countries currently, but now all this is tracked and they know why this is happening. Vast majority of issues relate to procurement and supply change. Some of it is on human resources, etc., but there's work being done on this.

    - Not using ‘more with less’, they’re using ‘more with more’ messaging. Focused on efficient use of funds.
    - Ghana hasn’t used 40% of money available over many years. They have good health systems, but terrible supply systems. So now they’re doing some creative stuff to fix this. Work needs to be in-country, not globally.
    - 5% and GiZ have been very supportive on this work. They’re creating benchmarks. KPIs will be linked on use of funds (right now just on disbursement of funds). Donors are understanding this now, so this is not a major problem with fundraising. First program action group of ITP is happening this week, toughest part is to get buy-in from other technical partners.
- APCASO, EANNASO – regional communication platforms. There have been big discussions on CCMs and coordination of civil society in them and this is very political. GiZ supported CCM process in Tanzania, is it possible to scale up this kind of support so that CS can be supported at CCM level? Technical support after concept note development is an issue – don’t know how to pass this support on afterwards.
    - Can look into these possibilities further – not sure where this is yet, but options are being looked at.
- Private sector approach in Africa - who could be contributors?
    - Aggressive approach to high net-worth individuals who they’re pursuing. Present in Kenya on this. Success in Southeast Asia and there are local trust funds being created.
- $13bn ask – ambitious plans happening, but ask is lower than last replenishment. What’s the message when you have so much unfunded?
    - Asked $15bn and got $12bn – knew they wouldn’t get this and the US was okay with that. But any other host doesn’t want a replenishment where the GF won’t meet its goal. Civil society can ask for as much as they can, but the GF’s amount is a political decision based on the expectation of how much it can raise.
- With replenishment delay, what is the secretariat doing so that there’s no delay in allocation?

    - Were worried about allocation and thought there was a need in 4th quarter of 2016 but now they see that doesn't exist so they're safe in going into a later replenishment.
- How to set up good communication between secretariat and countries – what's most helpful in terms of briefing from civil society in advance of country trips?
    - Lay of the land politically – arguments that will resonate with specific people, who's up and who's down. Who actually makes the decisions? Many of these people are now political – so who are the best people who can get to them? Who are the influencers? What arguments resonate?
- Korea has preconceptions on HIV, TB and malaria – GF is 'traditional' ODA work. So global health policy in 2016-2020 does not deal with these 3 diseases. GF doesn't have attention or interest. How to connect with newly emerging donors?
    - Tripled contribution last time, Christoph has visited, see Perm Rep in Geneva, etc. Optimistic donor in the future, but Korea is saying that it has no role in governance structure and doesn't like it doesn't have a role. GF needs to think about governance structure to get new donors involved.
- NFM used as excuse for absorption issues?
    - Wasn't big factor in money that's not moving. For Germany, as they're focused on health systems, the GF can work on messaging. NFM argument didn't work. Reality is the need to address systemic issue that affects any money coming through.

Speakers Bureau

The website section on the Speakers Bureau is now fully available and active. A new toolkit is available to explain to GFAN members what the Bureau is for and how to use it. Bios of each speaker are included in this and on our website, so you can evaluate which speaker is the best fit for your campaigning activity. All speakers took part in an extensive media training ran by ACTION back in October 2015.

Videos and photo series will be available for 4 of our speakers as of the end of February 2016 – stay tuned!

Please get in touch with Amy Coulterman or Katy Kydd Wright to request a speaker to participate as part of your events, articles, media outreach, newsletters, meetings, etc.

Some of our speakers have already been quite active:

- Clara Banya attended the civil society pre-meeting in Japan in October to prepare for the formal Preparatory Meeting and Universal Health Coverage conference being hosted in December.
- Loyce Maturu took part in the December Replenishment launch in Japan and was on a panel on gender with Mark Dybul, the South African Minister for Health, Product RED and DFID.
- Maurine Murenga – who was a Here I Am Ambassador in 2013 during the campaigning for the 4th Replenishment:
    - Attended the Addis Conference on Financing for Sustainable Development in July.
    - Spoke at the formal event hosted by the Global Fund during the Sustainable Development Goals Summit.
    - Visited Berlin and met with a Parliamentary Committee, GIZ officials and German civil society groups.
    - Attended the British Conservative Party conference being held in Manchester to speak on a civil society panel about the Global Fund with several Members of Parliament and DfID officials.
    - Returned to the UK in December at the announcement of a partnership between GlaxoSmithKline and Comic Relief around a new malaria initiative and had additional meetings with Parliamentarians.

Rapid uptake of new technologies: how to incorporate in resource mobilization advocacy

A panel of civil society colleagues highlight why rapid uptake is important, how it provides a push in our "full and more" replenishment push for resource mobilization and some of the advocacy plans to date.

HIV (Asia Russell, HealthGAP)

- New WHO recommendation for who should get offered treatment and when - this will be the last guideline from WHO. Recommends that regardless of CD4 count, every person with HIV should be offered treatment as quickly as possible. Most wealthy countries have already been doing this and has brought remaining countries under the same standard of care. This is one standard of care – should be offered quality treatment and supportive interventions in order to achieve viral load suppression and quality of life.
- Creates dilemma with rationing of treatment and programs when people know that science and guidelines say that everyone should have care. Would be more efficient to put through all these guidelines now for the longer term. Need to fight that this is not geographically & population focused – need to support countries to move forward with models of care, such as 3-6 month refills of meds. Time between diagnosis and initiation needs to be as short as possible.
- WHO has set out specific recommendations on how to best roll out community HIV programs.
- From a human rights, moral, policy and financial perspective, it is something we should push. Need to connect all the treatment possibilities at AIDS 2016.

Tuberculosis (Aaron Oxley, RESULTS UK)

- There's more TB out there than we thought – think there's over 9 million new cases each year – probably only 2/3 are being officially diagnosed.
- For 125 years they've been diagnosing TB by using spit. This is less than 50% accurate. In 2012, GeneXpert came out. It's not a point of care test, but it has made a fundamental transformation on diagnosis and is more sensitive with testing.
- The GF in conjunction with technical partners has been responsible for a big rollout worldwide. In South Africa, they committed to use GeneXpert across the country – easy because of high TB-HIV co-infection. Moldova increased its TB budget to 6% so that it could buy one machine.
- There are a lot of technical programs on costs with expensive technology but you're going to find more cases, can do it faster and can treat faster.

- Need evidence base of value for money, but there's also 'soft' politics around this: new, shiny machine with photo ops! Donors get excited about funding innovation.

Malaria (Annemarie Meyer, Malaria No More UK)

- Main ways winning: prevention (vector control of mosquitos), treatment as prevention, treatment.
- Vector control is 80% of success for now – long lasting insecticidal nets last 3 years and need to be distributed through mass campaigns.
- Treatment as prevention – intermittent during pregnancy; and intermittent seasonal treatment where malaria is highly seasonal for children under 5.
- There's a pipeline of chemicals that are resistance-beating. They're more expensive, so could promote cyclical use of older chemicals and newer chemicals to balance out. New nets will be coming onto the market that will use resistance-beating chemicals and will last longer – they're more expensive, but they'll last longer, so they'll cost less per year. Need to consider this length of time for concept notes.
- A single dose radical cure for vivax malaria is coming through in 2017/2018 – this is the main type in SE Asia and it's the type that relapses. Current treatment takes 14 days and has low adherence and can cause anemia. New one will still have potential anemia problem, but can also quickly test for deficiency that causes this.

Discussion

- UK recent announcements on malaria
    - There's an R&D focus in here and focus on new insecticides. UK's funding is for implementation and R&D – includes market access, delivery, etc., covers full gambit. Pipelines are important. Could eliminate by 80% in many places but can't do it without new technologies.
- Cost of treatments – how market shaping policy could change and affect these visions. Access to medicines and R&D is an issue – procurement policy of Global Fund needs clarity on generics.

    - Area of ongoing debate with Secretariat. Civil society wants to ensure better approach. Market shaping strategy just adopted by GF board and delegations got in more helpful language about points, but feels symbolic. Countries need to implement best practices.
    - For resource mobilization, how to get excited? Good news is coming through. New partnerships between procurement at GF and UNITAID setting up monographs of antiretrovirals and how to map generic suppliers. Need to make sure this is happening and it's robust.
    - New TB drugs have come through – first in past 50 years. GF been involved in roll out. There's no market for 2nd line TB drugs (½ million cases/year), so no incentive for companies – need to learn lessons from HIV world to make sure they're affordable and can get them out and with pipeline of new drugs in future, how to set up in a way that battles don't have to be fought every time. Medicines Patent Pool has taken on TB alongside hepatitis. UK has launched antimicrobial resistance review and civil society has to ensure all diseases get in there. Drug company statement on AMR states 'we need money', but creates windows for not being able to deny availability to people – can use content as advocates.
    - Before AIDS 2016, there's TB 2016 (science + solidarity). Need to ensure the 'solidarity' part is coming through. Costs only $20 to cure someone with TB.
- Delivery models – aside from technology, we need to look at innovative delivery models like community approaches for better access, which can be new to many donors. Added value of Global Fund in this?
    - There's innovation in delivery in malaria, especially related to adherence. Know that community delivery systems work better in rural areas, as well as integrated systems. GF works to make health systems better and need to ensure integrated case management, etc.
- Prisons perceived as breeding ground for TB – South Africa's experience with this has been positive. Are there strategies of how to get prison health authorities involved in prison work?
    - Prison setting is underlooked. Good example in South Africa: prisoners tested when they arrive, leave and during their

incarceration. Has very supportive health minister and Mandela had TB in prison. This was also in constitutional court and framed around individual rights.

- Treatment on demand – need thinking of how they can work with key populations in EECA. Have tried to encourage WHO to be more nuanced about this – need to connect harm reduction services.
    - Need to keep talking on keeping approach to WHO is make sure they take about policies and political decisions; earlier access to treatment doesn't excuse other things.

Update from Communities and CS delegations to the Global Fund Board *(see slideshow)*

- At 34th meeting, Delegations asked board to pass specifics around Replenishment meeting so that the board and its members could be called upon to be more involved in replenishment processes.
- How to exchange information: all three delegations are different with communication and governance. Communities relies heavily on its own members to get feedback on board issues and discussions and for them to share outcomes.
- Audience noted need to know what country delegations are saying at the board. Country staff at board level are very involved and smart – it's good to know who they are and what they're doing.
- There is an issue on confidentiality at the board meeting and with its documents before hand – this needs to be managed or they'll get in trouble. There's a fine line between what can be communicated or not.
- Delegations put together communiques after meetings, too, that can be distributed.

SIIC (Strategy, Investment & Impact Committee)

- Looks after strategic impacts of GF – transition, band countries, eligibility, allocation, complex operating environments, funding model implementation. Meets several times a year, next in mid-March.
- What it's doing right now aside from replenishment meeting is developing a new strategy for 2017-2022. This is the document to set the GF up for an

ambitious, compelling direction. Last board meeting agreed to strategic framework (diagram) of top level objectives; next step is filling in the details. April is where entire strategy will be approved. There's a draft strategy narrative for which feedback is due Feb 6th.

- Strategy is linked up to replenishment – some donors want to see things in strategy related to pledge, like the way the funding model is going to work during next allocation – there are debates now about what changes to make to allocation. How money gets divided is key to funding model. Need better ideas right now. Fear of hallmark of GF that it's demand driven and not just respond to an envelope – don't want countries to be limited and look at full demand. Odd outcomes for some countries and trying to see why some allocations were low (ie. Mozambique). Want to make sure countries can scale-up, so this is driving a lot of proposals at the SIIC.
- Responsible strategic transition – previously has worked without a policy or guidance and results have been disastrous for some communities. Need to do it in an accountable way and be part of a strategic objective and in the narrative there's language that points to it and there's a draft policy. Need to know when a country is no longer eligible, what is a government is unwilling to take on a program – will transition stop?

Thematic Group Discussions

G7/G20

AIDS 2016/HLM/Women Deliver

Domestic resource mobilization/MIC transition

Implementing country advocacy/Expression of demand

Attendees

Participant	Organization
GFAN STEERING COMMITTEE	
Bill Bowtell	Pacific Friends
Joanne Carter	RESULTS US
Rosemary Mburu	WACI
Jaevion Nelson	Developing Country NGO Delegation
Rachel Ong	Communities Delegation
NVF GRANTEES	
Stefania Burbo	Osservatorio AIDS
Laura Kirkegaard	AIDS-Fondet
Mille Herskind	AIDS-Fondet
Kirsten Jensen	AIDS-Fondet
Arben Fetai	StopAIDS Alliance
Beate Ramme-Fulle	Aktionsbündnis gegen AIDS - Action against AIDS Germany/Developed Country NGO Delegation

Vanessa Lopez	Salud por Derecho
Maria Encinas	Salud por Derecho
Alix Zuinghedau	Coalition Plus
Francesca Belli	ACTION
Masaki Inaba	Africa Japan Forum
Heejeong Han	G-Hands
Mike Podmore	STOPAIDS
Saoirse Fitzpatrick	STOPAIDS
DONOR COUNTRY ADVOCATES	
Annemarie Meyer	Malaria No More UK
Lis Wallace	Malaria No More UK
Deb Derrick	Friends of the Fight
Aaron Oxley	RESULTS UK
Michael O'Connor	ICASO
Lauren Dobson-Hughes	RESULTS Canada
Fanny Voitzwinkler	Global Health Advocates - Brussels
Bruno Rivalan	Global Health Advocates - Paris
Asia Russell	HealthGap
Amirah Saquiera	HealthGap
Sylvie Chantereau	Friends Europe

Beatrijs Stikkers	KNCV Tuberculosis Foundation
Kerstin Akerfeld	MSF UK
Miriam Schmidt	ONE
Andreas Huebers	ONE
Elizabeth Ivanovich	UN Foundation
Nina Schat	AIDS Healthcare Foundation
IMPLEMENTER COUNTRY ADVOCATES	
Olive Mumba	Africa Regional CRG Platform (English)
Sydney Hushie	Africa Health Platform
Emmanuel Etim	GFAN Africa
Jennifer Ho	APCASO/GFAN Asia-Pacific
Oanh Khuat Thi Hai	SCDI - Centre for Supporting Community Development Initiatives
EriKa Castellanos	GFAN Speakers Bureau
Sergey Votyagov	Eurasian Harm Reduction Network
Jomain Mackenzie	Developing Country NGO Delegation
Carol Nyrienda	CITAM+
PARTNERS - TECHNICAL AND GRANTORS	
Christoph Benn	Global Fund Secretariat
Pauline Mazue	Global Fund Secretariat
Linda Mafu	Global Fund Secretariat

Mark Dybul	Global Fund Secretariat
Nelly Comon	Global Fund Secretariat
Marika Hofmeister	Global Fund Secretariat
Veronique Collard	UNAIDS
Greg Paton	STOP TB
Elizabeth Ann Wieber	Gates Foundation
Anne Dankert	Aids Fonds
Katja Tielemann	DSW Germany
Rinze Broekema	ONE Netherlands
Peter Wiessner	Aktionsbündnis gegen AIDS - Action against AIDS Germany
ICSS STAFF	
Peter van Rooijen	ICSS
Katy Kydd Wright	ICSS
Amy Coulterman	ICSS
Raoul Fransen	ICSS